

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/550133 9/21/05
FILING DATE
APPLICANT/

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	0						53						
4	0						54						
5	0						55						
6	0						56						
7	0						57						
8			/				58						
9			/				59						
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13			/				63						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓	↓	↓		
TOTAL DEP.	6	←	5	←		←	TOTAL DEP.		←	←	←		
TOTAL CLAIMS	7	6	6				TOTAL CLAIMS						